## **BEST AVAILABLE COPY**

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

3981-16

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |                                                |                                             |                   |                    |                                        |                   | SMALL ENTITY TYPE   |                        | OTHER THAN<br>OR SMALL ENTITY |                     |                        |
|--------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|-------------------|--------------------|----------------------------------------|-------------------|---------------------|------------------------|-------------------------------|---------------------|------------------------|
| TOTAL CLAIMS                                                             |                                                |                                             | 22                |                    |                                        |                   | RATE                | FEE                    | ſ                             | RATE                | FEE                    |
| FOR                                                                      |                                                |                                             | NUMBER FILED      |                    | NUMBER EXTRA                           |                   | BASIC FEE           | 355.00                 | OR                            | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS                                                  |                                                |                                             | 22 minus 20=      |                    | ļ                                      | 7                 | X\$ 9=              |                        | OR                            | X\$18=              | 36                     |
| INDEPENDENT CLAIMS                                                       |                                                |                                             | ζ minus 3 =       |                    | • 🗘                                    |                   | X40=                |                        | OR                            | X80=                |                        |
| MULTIPLE DEPENDENT CLAIM P                                               |                                                |                                             | L                 |                    |                                        |                   |                     |                        |                               |                     |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                |                                             |                   |                    |                                        | olumn 2           | +135=               |                        | OR                            | +270=               | ) (1.6                 |
| CLAIMS AS AMENDED - PART II                                              |                                                |                                             |                   |                    |                                        | TOTAL SMALL E     | NTITY               | OR<br>OR               | OTHER<br>SMALL                |                     |                        |
| ENT A                                                                    |                                                | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                   | HIG<br>NUI<br>PREV | HEST<br>MBER<br>VIOUSLY<br>D FOR       | PRESENT<br>EXTRA  | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT</b>                                                         | Total                                          |                                             | Minus             | **                 |                                        | =                 | X\$ 9=              |                        | OR                            | X\$18=              |                        |
| MEN                                                                      | Independent                                    | •                                           | Minus             | ***                |                                        | =                 | X40=                |                        | OR                            | X80=                |                        |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                             |                   |                    |                                        |                   | +135=               |                        | OR                            | +270=               |                        |
|                                                                          |                                                |                                             |                   |                    |                                        |                   | TOTAL<br>ADDIT. FEE |                        | OR                            | TOTAL<br>ADDIT. FEE |                        |
|                                                                          |                                                | (Column 1)                                  |                   |                    | lumn 2)                                | (Column 3)        |                     |                        |                               |                     |                        |
| ENT B                                                                    |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                   | NL<br>PRE          | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR    | PRESENT<br>EXTRA  | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
| D M                                                                      | Total                                          | •                                           | Minus             | ••                 |                                        | =                 | X\$ 9=              |                        | OR                            | X\$18=              |                        |
| AMENDMENT                                                                | Independent                                    | *                                           | Minus             | 1 ***              |                                        | =                 | X40=                |                        | OR                            | X80=                |                        |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                             |                   |                    |                                        |                   | +135=               |                        | OR                            | +270=               |                        |
|                                                                          |                                                |                                             |                   |                    |                                        |                   | TOTAL<br>ADDIT. FEE |                        | OR                            | TOTA                |                        |
|                                                                          |                                                | 1                                           |                   |                    |                                        |                   |                     |                        |                               |                     |                        |
| ENTC                                                                     |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                   | NI<br>PRE          | IGHEST<br>UMBER<br>EVIOUSLY<br>AID FOR | PRESENT<br>EXTRA  | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
| DME                                                                      | Total                                          |                                             | Minus             | **                 |                                        | =                 | X\$ 9=              |                        | OR                            | X\$18=              |                        |
| AMENDMENT                                                                | Independent                                    |                                             | Minus             | ***                |                                        | =                 | X40=                |                        | OR                            | X80=                |                        |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDE         |                                             |                   |                    | ENT CLAIN                              | И <u> </u>        | .125-               |                        | 1                             | -70                 |                        |
|                                                                          | If the entry in col                            | umn 1 is less thai                          | n the entry in co | olumn 2, v         | write "0" in c                         | column 3.         | +135=<br>TOTAL      | <u> </u>               | OR                            | TOTA                | NL:                    |
|                                                                          | * If the "Highest N<br>**If the "Highest N     | umber Previously                            | Paid For' IN TI   | HIS SPAC           | CE is less th                          | nan 20, enter "20 | ADDIT. FEE          |                        | OR                            | ADDIT. FE           | E <b>L</b>             |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.